

Return one Entry Form per year

Year 15 – Academic Year 2003-2004

Street Address: _____

Grade in School: _____

Your email address will be added to the USAMTS mailing list, a low-volume moderated mailing list providing information about the USAMTS. Please print your email address clearly.

Signature:_____ Parent Signature:_____

Signature:_____ Parent Signature:_____

PRIVACY ACT STATEMENT: The authority for requesting the information on this form is contained in 5 U.S.C. 1601 to 1616; 10 U.S.C. 2193a; and 50 U.S.C. 402 note. Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA 03 apply to this information. The information will be used to administer the USAMTS. Provision of the information requested is voluntary.